DEFENDANT GGL EXHIBIT 11

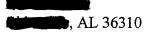


Atlanta Disability Service Center P.O. Box 105426 Atlanta, GA 30348

Phone: (800) 232-0113 Fax (404) 682-9288

August 5, 2005

Ms. Eva Williams



Re: West Point Stevens Short Term Disability Group No. 00423 Employee #: 47719

Dear Ms. Williams:

Greater Georgia Life (GGL) Insurance has carefully reviewed your claim for Disability benefits and has found that we have not received medical information to support your disability as of 7/26/05.

To be eligible for benefits, you must meet all the requirements of the Policy, including the definition of disability, which states the following:

"Totally Disabled" or Total Disability" means that you
(1) are unable, due to a disability (whether Illness or Injury),
to perform all of the duties of your regular occupation,
supported by objective medical evidence;
(2) are under the regular care and attendance of a

(2) are under the regular care and attendance of a physician, appropriate for the condition causing the disability; and (3) are not otherwise employed for wage or profit.

On August 3, 2005 we received a note from Dr. James Dehaven stating that on 7/25/05 you called the doctor's office requesting an extended leave of absence, however there wasn't a scheduled office visit.

According to the plan, you must be under the regular care and attendance of a physician in order to be eligible for benefits, therefore your claim has been denied.

If you disagree with our determination and wish to file an appeal of a claim denial, the Employee Retirement Income Security Act of 1974 (ERISA) provides you with the right to appeal.

You should write to us within 180 days of this letter, clearly stating your position.

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If you have other medical information, not previously submitted, which objectively supports your disability, you may submit it for further consideration. The additional information, along with previously submitted information, will be reviewed and you will receive written notification of the results of that review. This notification of appeal must be in writing, signed and dated by you or your representative and sent to:

Attn: Appeal Coordinator Greater Georgia Life P.O. Box 105426 Atlanta, GA 30348-5426

Additionally, if you disagree with our decision on this matter, you have the right to bring action in federal court under ERISA Section 502(a)(1)(B).

Furthermore, you are entitled to receive, upon request and free of charge, reasonable access to, and copies of all documents, records, and other information relevant to your claim for benefits.

If you have any question regarding your claim, please contact me at 1-800-232-0113.

Sincerely,

Alicia E. Scott, RN, BSN Disability Case Manager